

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY WISCONSIN
Date Stamp Received
AUG 13 2014
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 14-0368
Date: 9-10-1-14
Amount Paid: \$75 8-13-14
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name:		BROO Drake		Mailing Address:		1106 Broadway		City/State/Zip:		Kaukausha WI 53186		Telephone:			
Address of Property:		53365 1/4th Island Dr		City/State/Zip:		Barnes WI 54873		Cell Phone:				Plumber Phone:			
Contractor:		Jim Johnson Construction		Contractor Phone:		715 580 0932		Plumber:		140417410 Plumbing		Plumber Phone:		715 538-6560	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Jim Johnson		Agent Phone:		715 580-0932		Agent Mailing Address (Include City/State/Zip):		53300 Sackville Ln Barnes WI 54873		Written Authorization Attached		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits)		04-000245091720013509100		Recorded Document: (i.e. Property Ownership)		Volume		1071		Page(s) 851	
1/4, _____ 1/4		Gov't Lot _____		Lot(s) _____		CSM _____		Vol & Page _____		Lot(s) No. _____		Block(s) No. _____		Subdivision: _____	
Section 17, Township 45 N, Range 9 W		Town of: Barnes		Lot Size		1.030		Acreage		1.030					

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue →	Distance Structure is from Shoreline: _____ feet	<input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →	Distance Structure is from Shoreline: _____ feet		

Value at Time of Completion * include donated time & material \$16,000	Project New Construction	# of Stories and/or basement 1-Story	Use Seasonal	# of bedrooms 1	What Type of Sewer/Sanitary System Is on the property? Municipal/City	Water City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: <u>Conc.</u>	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Conc.</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

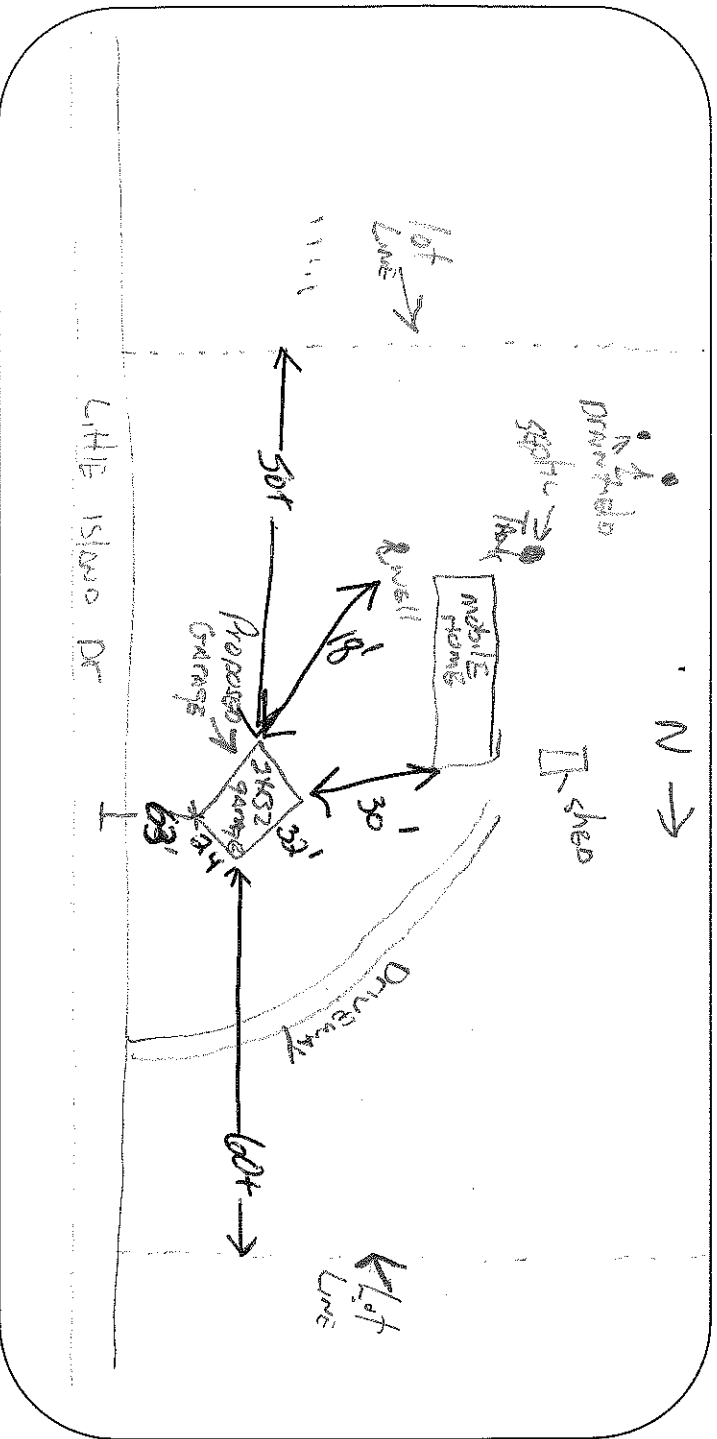
Existing Structure: (if permit being applied for is relevant to it)	Length: 32	Width: 26	Height: 13'
Proposed Construction:			

Proposed Use	✓	Proposed Structure	Principal Structure (first structure on property)	Dimensions	Square Footage
	<input type="checkbox"/>		Residence (i.e. cabin, hunting shack, etc.)	(X)	
	<input type="checkbox"/>		with loft	(X)	
	<input checked="" type="checkbox"/>		with a Porch	(X)	
	<input type="checkbox"/>		with (2 nd) Deck	(X)	
	<input type="checkbox"/>		with a Deck	(X)	
	<input type="checkbox"/>		with (2 nd) Deck	(X)	
<input type="checkbox"/> Commercial Use			with Attached Garage	(X)	
	<input type="checkbox"/>		Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>		Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>		Addition/Alteration (specify) _____	(X)	
<input type="checkbox"/> Municipal Use			Accessory Building (specify) <u>24x32 garage</u>	(24 X 32)	768
	<input type="checkbox"/>		Accessory Building Addition/Alteration (specify) _____	(X)	
Rec'd for Issuance	<input type="checkbox"/>		Special Use: (explain) _____	(X)	
	<input type="checkbox"/>		Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>		Other: (explain) _____	(X)	
Secretarial Staff					

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date: 8-2-14
(If there are Multiple Owners listed on the Deed, All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: _____ Date: 8-2-14
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit 11005 Murray Lake Rd, Barnes, WI 54873
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

- (1) Show Location of: Proposed Construction
North (N) on Plot Plan
(*) Driveway and (*) Frontage Road (Name Frontage Road)
(3) Show Location of (*): All Existing Structures on your Property
(4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(6) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Little Island Dr.			
Setback from the Centerline of Platted Road	63' Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	50+ Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	60+ Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	50+ Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	50+ Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	20+ Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	48' Feet	Setback to Well	18' Feet
Setback to Drain Field	70' Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 14-0368		Permit Date: 10-1-14		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Metall stacks. Well staked.				
Date of Inspection: 9-16-14		Inspected by: M. Truitt		Zoning District (R-1) Lakes Classification (NA)
Condition(s): Town, Committee or Board Conflicts Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.) May not be used for human habitation. No water under pressure in structure.		Date of Re-Inspection:		
Signature of Inspector: Michael Smith		Date of Approval: 10-7-14		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Stamp (received)
OCT 01 2014
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 14-0381
Date: 10-8-14
Amount Paid: \$75 10-1-14
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVATE		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: Michelle Addison		Mailing Address: same		City/State/Zip: Barnes, WI 54873		Telephone: 404 632-6603		Cell Phone:		Plumber Phone:		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address of Property: 55265 Little Island Rd		Contractor Phone: 580-0432		Plumber:		Agent Mailing Address (include City/State/Zip):		Plumber Phone:		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Contractor: STM Johnson (715)		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Plumber:		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Authorized Agent: (Person Signing Application on behalf of Owner(s))													
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits) 04-004-2-45-09-17-4 00-147-1000		Recorded Document: (i.e. Property Ownership) Volume 1121 Page(s) 568		Subdivision: Chyenne Addn to P&E		Lot Size		Acreage	
1/4, 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		Lot(s) No.		Block(s) No.	
Section 17, Township 45 N, Range 9 W		Town of: Barnes											
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue →		Distance Structure is from Shoreline: feet		<input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →		Distance Structure is from Shoreline: feet											
<input checked="" type="checkbox"/> Non-Shoreland													

Value at Time of Completion * include donated time & material	\$ 15,500	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: (New) Sanitary	Specify Type: (New) Sanitary	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: (New) Sanitary	Specify Type: (New) Sanitary	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: (New) Sanitary	Specify Type: (New) Sanitary	<input type="checkbox"/>
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)			<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)			<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet			<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None			<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: 32	Width: 24	Height: 14
Proposed Construction:			

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>		(X)	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<input type="checkbox"/>		(X)	
<input type="checkbox"/> with Loft	<input type="checkbox"/>		(X)	
<input type="checkbox"/> with a Porch	<input type="checkbox"/>		(X)	
<input type="checkbox"/> with (2 nd) Deck	<input type="checkbox"/>		(X)	
<input type="checkbox"/> with (2 nd) Deck	<input type="checkbox"/>		(X)	
<input type="checkbox"/> with Attached Garage	<input type="checkbox"/>		(X)	
<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	<input type="checkbox"/>		(X)	
<input type="checkbox"/> Mobile Home (manufactured date)	<input type="checkbox"/>		(X)	
<input type="checkbox"/> Addition/Alteration (specify)	<input type="checkbox"/>		(X)	
<input checked="" type="checkbox"/> Accessory Building (specify) garage	<input checked="" type="checkbox"/>		(24 X 32)	768
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	<input type="checkbox"/>		(X)	
Rec'd for issuance	<input type="checkbox"/>			
OCT 08 2014	<input type="checkbox"/>			
Special Use: (explain)	<input type="checkbox"/>		(X)	
Conditional Use: (explain)	<input type="checkbox"/>		(X)	
Other: (explain)	<input type="checkbox"/>		(X)	
Secretarial Staff	<input type="checkbox"/>			

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s) Michelle Addison
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date 9-30-14
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit same as above
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
North (N) on Plot Plan
- (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (3) Show Location of (*): All Existing Structures on your Property
- (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
- (7) Show any (*):

See attachment

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road <i>Little Island Dr</i>	100 ± Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	90 ± Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	170 ± Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	70 ± Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	50 ± Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line <i>Town Rd</i>	300 ± Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	45 Feet	Setback to Well	14 Feet
Setback to Drain Field	15 Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

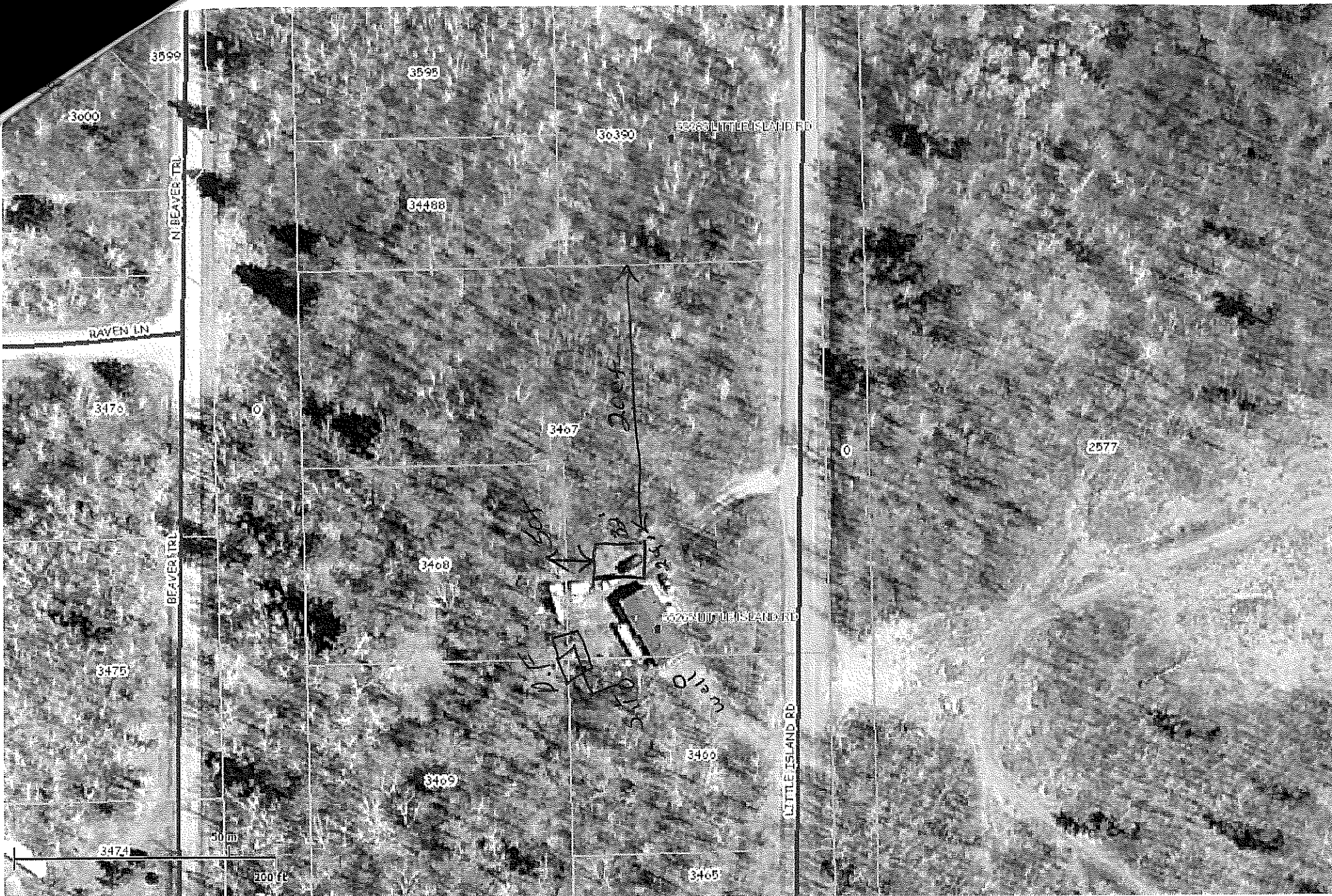
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 14-0381		Permit Date: 10-8-14		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: <i>Well staked. Meets all setbacks.</i>		Zoning District (B-1) Lakes Classification (N/A)		
Date of Inspection: 10-7-14	Inspected by: M. Fentel	Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes, <input type="checkbox"/> No (If No they need to be attached.) <i>May not be used for human habitation. No water under pressure in structure. No plumbing fixtures in structure.</i>				
Signature of Inspector: <i>Michael Givels</i>		Date of Approval: 10-7-14 <i>Recorded Deed</i>		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input checked="" type="checkbox"/> Recorded Deed



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
AUG 27 2014
Bayfield Co. Zoning Dept.

Permit #: 14-03883
ENTERED Date: 10-8-14
Amount Paid: \$888.88-14
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: David & Britany Hendrickson	Mailing Address: 704 Old Settlers Tr. Hopkins, MN 55343	Telephone: 651 303-0796
Address of Property: 4900 3rd St Cranberry Lake Rd Barnes, WI 54873		Cell Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Plumber Phone:
Agent Phone:		Agent Mailing Address (include City/State/Zip):
Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PROJECT LOCATION: Legal Description: (Use Tax Statement) N1/4, NW1/4, SE 1/4	PIN: (23 digits) 04-004-2-44-09-30-403-000-30000	Recorded Document: (i.e. Property Ownership) Volume 1125 Page(s) 469
Section 30, Township 44 N, Range 9 W	Town of: Barnes	Lot Size: Acreage 10.0

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline: feet NA		

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$1,5000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
					<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
					<input checked="" type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 44	Width: 30	Height: 24
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		() X ()	
<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	with Loft	(30 X 44)	1,330
	with a Porch	(16 X 30)	480
	with (2nd) Porch	() X ()	
	with a Deck	() X ()	
	with (2nd) Deck	() X ()	
<input type="checkbox"/> Commercial Use	with Attached Garage	() X ()	
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() X ()	
	Mobile Home (manufactured date)	() X ()	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	() X ()	
	Accessory Building (specify)	() X ()	
	Accessory Building Addition/Alteration (specify)	() X ()	
Rec'd for Inspection	Special Use: (explain) Class A Shoreland Grading	(12 X 100)	1200
OCT 08 2014	Conditional Use: (explain)	() X ()	
	Other: (explain)	() X ()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

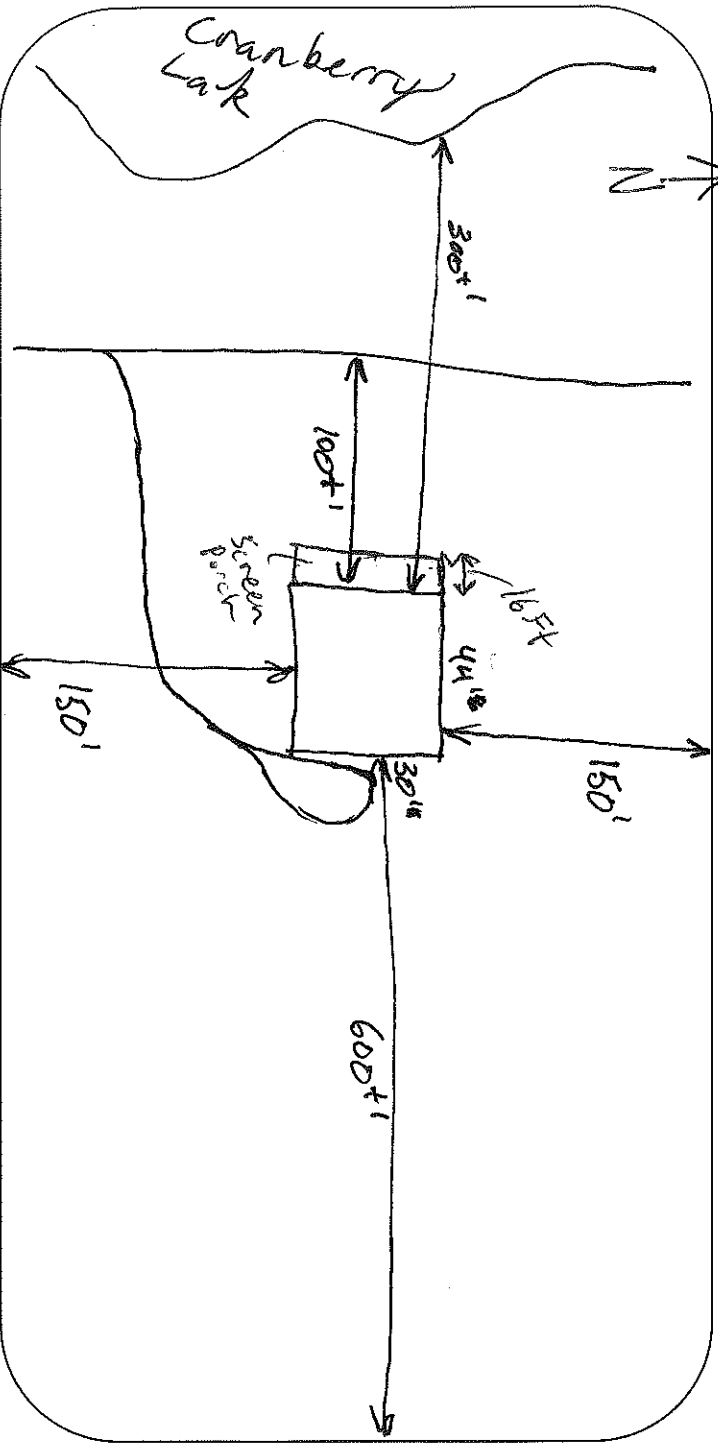
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): David Hendrickson Date: 8-26-14
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date: _____
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: 12343 Yucca St. NW Coon Rapids, MN 55433
Copy of Tax Statement ☒ Attach
If you recently purchased the property send your Recorded Deed

(1) Show location of:	Proposed Construction
(2) Show / indicate:	North (N) on Plot Plan
(3) Show location of (*):	(*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show:	All Existing Structures on your Property
(5) Show:	(*) Well (W) ; (*) Septic Tank (ST) ; (*) Drain Field (DF) ; (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*):	(*) Lake ; (*) River ; (*) Stream/Creek ; or (*) Pond
(7) Show any (*):	(*) Wetlands ; or (*) Slopes over 20%



Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	100' Feet	Setback from the Lake (ordinary high-water mark)	300' Feet
Setback from the Established Right-of-Way	90' Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	150' Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	132' Feet	Setback from Wetland	100' Feet
Setback from the West Lot Line	N/A Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	600' Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	N/A Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 14-935		# of bedrooms: 3		Sanitary Date: 10-8-14					
Permit Denied (Date):		Reason for Denial:									
Permit #: 14-03883		Permit Date: 10-8-14									
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input checked="" type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous lots) <input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No		Mitigation Required Mitigation Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:					
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record: well stacked. Metal all attached.		Date of Inspection: 9-2-14		Inspected by: M. Furtak		Zoning District: R-1, R-3 Lakes Classification: (3)					
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)											
Signature of Inspector: M. Furtak		Date of Approval: 9-23-14									
Hold For Sanitary: <input checked="" type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>			